

DATE \_\_\_\_\_

**Lee's Summit RVII School District Travel Request**  
**MUST BE SUBMITTED WITHIN 6 WEEKS OF TRAVEL DATE**

NAME(S) \_\_\_\_\_ EMPLOYEE ID# \_\_\_\_\_ BLDG \_\_\_\_\_

BUDGET MGR \_\_\_\_\_ CONFERENCE NAME & CITY \_\_\_\_\_

DEPARTURE DATE & TIME \_\_\_\_\_ RETURN DATE & TIME \_\_\_\_\_

**COMPLETE THE FOLLOWING AND ATTACH REQUESTED DOCUMENTATION. TRAVEL ARRANGEMENTS ARE MADE AND PAID THROUGH BUSINESS SERVICES AND CONFIRMATION WILL BE SENT AFTER TRAVEL IS SECURED.**

\*MILEAGE-REQ REIMBURSEMENT UPON RETURN-# OF MILES \_\_\_\_\_ @.67 COST \_\_\_\_\_ CODE \_\_\_\_\_

\***PAID** REGISTRATION-ATTACH REGISTRATION FORM AND AGENDA COST \_\_\_\_\_ CODE \_\_\_\_\_

• LODGING # OF ROOMS \_\_\_\_\_ STAFF \_\_\_\_\_ COST \_\_\_\_\_ CODE \_\_\_\_\_

\*MEALS-PER TRAVEL GUIDELINES (NO MEALS UNLESS OVERNIGHT STAY)  
BREAKFAST \_\_\_\_\_ LUNCH \_\_\_\_\_ DINNER \_\_\_\_\_ COST \_\_\_\_\_ CODE \_\_\_\_\_

\*RENTAL CAR? NO \_\_\_ YES \_\_\_ TYPE OF VEHICLE \_\_\_\_\_ COST \_\_\_\_\_ CODE \_\_\_\_\_

OTHER TRANSPORTATION FEES \_\_\_\_\_ COST \_\_\_\_\_ CODE \_\_\_\_\_

\*AIRFARE? NO \_\_\_ YES \_\_\_ # STAFF \_\_\_\_\_ COST \_\_\_\_\_ CODE \_\_\_\_\_

\*SUB COST # OF DAYS \_\_\_\_\_ X \$148.29 (COST PER DAY SUBJECT TO CHANGE) COST \_\_\_\_\_ CODE \_\_\_\_\_

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**FLIGHT INFORMATION**

(MAY ATTACH PREFERRED FLIGHT FOR REFERENCE)-USE BACKSIDE FOR ADDITIONAL NAMES IF NECESSARY

FULL NAME ON ID \_\_\_\_\_ DOB \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
DATE \_\_\_\_\_

TRAVELER SIGNATURE

\_\_\_\_\_  
DATE \_\_\_\_\_

FACULTY REP SIGNATURE

\_\_\_\_\_  
DATE \_\_\_\_\_

PRINCIPAL/SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE \_\_\_\_\_

SLC ADMINISTRATOR

\_\_\_\_\_  
DATE \_\_\_\_\_

<b>FOR BUSINESS SERVICE OFFICE ONLY</b>	
HOTEL _____	
TAX LETTER _____ CCA _____	
MM _____ MIL _____	
AIRLINE _____	
ALLOCATED _____ COMP _____	

**FLIGHT INFORMATION**  
(MAY ATTACH PREFERRED FLIGHT FOR REFERENCE)

FULL NAME ON ID

DOB

EMPLOYEE ID #

CELL PHONE #

**FOR BUSINESS SERVICE OFFICE ONLY**

HOTEL \_\_\_\_\_

TAX LETTER \_\_\_\_\_ CCA \_\_\_\_\_

MM \_\_\_\_\_ MIL \_\_\_\_\_

AIRLINE \_\_\_\_\_

ALLOCATED \_\_\_\_\_ COMP \_\_\_\_\_